

**Notice of Intent to Handle and Treat or Recycle
Universal Waste Electronic Devices (UWEDs) and/or Cathode Ray Tube (CRT) Materials**

A. Handler Information [22 CCR sections 66273.13/.33(d)(2)(A)(1) – (7) and 66273.82(a)(1) - (7)]. Please fill in the information requested below.

Handler (Facility) Name _____ Phone (____) _____

Physical Address _____
Street City County State Zip

Mailing Address _____
Street City County State Zip

Contact Person (Name/Title) _____ Phone (____) _____

Mailing Address _____
Street City County State Zip

Facility Owner _____ Phone (____) _____

Mailing Address _____
Street City County State Zip

E-Mail address _____ (if available)

EPA ID Number _____ (if applicable)

B. Proposed Handling Activities [22 CCR sections 66273.13/.33(d)(2)(A)(8) – (9) and 66273.82(a)(8) - (9)]. Please check the box(es) that describes the source(s) of the materials you will collect. Please check the box(es) that describes the types of materials you will collect. Check all applicable boxes.

Materials Accepted From:

- ☐ Businesses
☐ Households
☐ Government agencies
☐ Other collectors
☐ Other *please specify* _____

Materials to Be Handled

(Check all that apply)

- ☐ CRT Materials
☐ UWEDs
☐ Universal Waste Batteries
☐ Universal Waste Lamps
☐ Exempt Circuit Boards
☐ Other Scrap Metal

C. Please specify where you intend to send the materials you will receive from offsite sources. If you intend to export materials, please complete Section "D" below. Attach additional sheets if needed.

Destination Facility or Handler

1: Name _____ Phone (____) _____

Address _____
Street City State Zip

Country _____ Phone (____) _____

Mailing Address _____
Street City State Zip

Country _____

EPA ID number _____ (if applicable)

Materials Shipped

(Check all that apply)

- ☐ Bare CRTs
☐ CRT Devices
☐ CRT Glass
☐ UWEDs
☐ Universal Waste Batteries
☐ Universal Waste Lamps
☐ Exempt Circuit Boards
☐ Other Scrap Metal

State of California – California Environmental Protection Agency

2: Name _____ Phone (____) _____

Address _____
Street City State Zip

Country _____ Phone (____) _____

Mailing Address _____
Street City State Zip

Country _____

EPA ID number _____ (if applicable)

3: Name _____ Phone (____) _____

Address _____
Street City State Zip

Country _____ Phone (____) _____

Mailing Address _____
Street City State Zip

Country _____

EPA ID number _____ (if applicable)

Department of Toxic Substances Control

- ☐ Bare CRTs
- ☐ CRT Devices
- ☐ CRT Glass
- ☐ UWEDs
- ☐ Universal Waste Batteries
- ☐ Universal Waste Lamps
- ☐ Exempt Circuit Boards
- ☐ Other Scrap Metal

- ☐ Bare CRTs
- ☐ CRT Devices
- ☐ CRT Glass
- ☐ UWEDs
- ☐ Universal Waste Batteries
- ☐ Universal Waste Lamps
- ☐ Exempt Circuit Boards
- ☐ Other Scrap Metal

D. Exports. If you intend to export, please refer to the requirements found in 22 CCR sections 66273.20 (small quantity handler), 66273.40 (large quantity handler), and/or 66273.90 (CRT material handler). Please specify the name of the facility that will export material(s) you have received and the type of materials intended for export.

Facility That Will Export Material

1: Name _____ Phone (____) _____

Address _____
Street City State Zip

Country _____ Phone (____) _____

Mailing Address _____
Street City State Zip

EPA ID number _____ (if applicable)

2: Name _____ Phone (____) _____

Address _____
Street City State Zip

Country _____ Phone (____) _____

Mailing Address _____
Street City State Zip

EPA ID number _____ (if applicable)

Materials Exported

(Check all that apply)

- ☐ Bare CRTs
- ☐ CRT Devices
- ☐ CRT Glass
- ☐ UWEDs
- ☐ Universal Waste Batteries
- ☐ Universal Waste Lamps
- ☐ Exempt Circuit Boards
- ☐ Other Scrap Metal

- ☐ Bare CRTs
- ☐ CRT Devices
- ☐ CRT Glass
- ☐ UWEDs
- ☐ Universal Waste Batteries
- ☐ Universal Waste Lamps
- ☐ Exempt Circuit Boards
- ☐ Other Scrap Metal

E. Cathode Ray Tube Material Treatment [22 CCR section 66273.83(c) or (d)]. Please fill in the information requested below. Attach additional sheets if necessary. Include photographs and diagrams if desired.

1. Describe the type of CRT materials you handle and intend to treat and/or recycle.

2. Describe the treatment and/or recycling process(es) you will conduct.

3. Check the box(es) that best describes your treatment/recycling activities.

- A. ☐ Removal of CRT from CRT device without breaking CRT glass. [Note: If this is the only treatment you perform, do not fill out this form. Please use Form 1382 instead.]
- B. ☐ CRT vacuum release without breaking CRT glass.
- C. ☐ Yoke removal without breaking CRT glass.
- D. ☐ Process CRTs (CRT glass breakage—without the use of heat, chemicals or water).
[You must check one or more below.]
- ☐ Remove necks/electron guns
- ☐ Separate panel from funnel
- ☐ Size reduction, crushing, cutting, sawing, compacting, shredding
- ☐ Other (e.g. manufacture of glass) please specify _____

E. All of the following documents must be submitted with this form if you have checked “D” above.

- ☐ I have attached documentation estimating the cost of facility closure prepared pursuant to title 22, California Code of Regulations, section 66265.142.
- ☐ I have attached documentation demonstrating financial assurance for closure pursuant to title 22, California Code of Regulations, section 66265.143.
- ☐ I have attached documentation demonstrating financial responsibility for liability pursuant to title 22, California Code of Regulations, section 66265.147.

F. Universal Waste Electronic Device Treatment [22 CCR section 66273.13/.33(d)(3)(F)(1)(a)(4)]. Please fill in the information requested below. Attach additional sheets if necessary. Include photographs and diagrams if desired.

1. Describe the types of UWEDs you handle and intend to treat and/or recycle.

2. Describe the treatment and/or recycling process(es) you will conduct.

3. Check the box(es) that best describes your treatment/recycling activities.

- A. ☐ Removes discrete components typically removed during the normal operation of the UWED (batteries, ink cartridge, etc.) and the handler conducts the disassembly in a manner prescribed in the operating manual for the device. [Note: If this is the only treatment you perform, do not fill out this form. Please use Form 1382 instead.]
- B. ☐ Dismantling UWEDs into only their respective components using:
- ☐ Manual methods and hand tools or mechanical separation of parts only.
 - ☐ Other *please specify* _____
 - ☐ Treatment residuals are components of the electronic device (e.g., circuit boards, integrated circuits, metals, plastic, wiring, universal waste batteries and lamps, etc.)
- C. ☐ Processing (without heat, chemicals or water)
- ☐ Shred or cut, etc., whole or parts of UWED after removing batteries, lamps, and other universal wastes.
 - ☐ Components of UWEDs are processed after removal (e.g., circuit boards, chips, other components).
 - ☐ Resultant materials generated from treatment are scrap metal and universal waste batteries and lamps.
- D. ☐ Processing (without heat, chemicals or water)
- ☐ Size reduction, crushing, cutting, sawing, compacting, shredding
 - ☐ Separation technology
 - ☐ Other *please specify* _____
 - ☐ Treatment residuals exhibit a hazardous waste characteristic and do not meet the definition of scrap metal or do not qualify for management as universal waste.
- E. **All of the following documents are required if you have checked “D” above.**
- ☐ I have attached documentation estimating the cost of facility closure prepared pursuant to title 22, California Code of Regulations, section 66265.142.
 - ☐ I have attached documentation demonstrating financial assurance for closure pursuant to title 22, California Code of Regulations, section 66265.143.
 - ☐ I have attached documentation demonstrating financial responsibility for liability pursuant to title 22, California Code of Regulations, section 66265.147.

G. Property Owner Notification [22 CCR sections 66273.13/.33(d)(3)(F)(1)(a)(6) and 66273.83(c)(2)(A)(2)(e) or 66273.83(d)(1)(A)(2)(e)].
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☐ I have attached documentation demonstrating that I, the CRT material handler and/or UWED handler, has notified the property owner (if different from the handler) that I am conducting hazardous waste treatment and recycling operation(s) at the facility pursuant title 22, California Code of Regulations, division 4.5, chapter 23 (Universal Waste Regulations).

☐ I, the CRT material handler and/or UWED handler, am the property owner of the facility specified in Section “A”.

H. Inspection

☐ I, the CRT material handler and/or UWED handler, am aware that the facility specified in Section “A” is subject to unannounced inspections by state or local agencies to verify compliance with applicable universal waste regulations, air laws, worker health and safety laws, local zoning requirements and seismic and precipitation design standard requirements.

I. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to be the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. [title 22, California Code of Regulations, division 4.5, chapter 20, section 66270.11(d)]

Original Signature (non-black ink)_____
Title_____
Date**J. Notifications must be submitted to DTSC by certified mail, return receipt request.**

MAIL TO: Department of Toxic Substances Control
Hazardous Waste Management Program
Regulatory Program Development Division
P.O. BOX 806
Sacramento, CA 95812-0806
Attention: UWED/ CRT Materials Handling Activities